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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000003526 (1)**

1. Corporation Name

BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5010 GRAMONT AVENUE
ORLANDO FL 32812****5010 GRAMONT AVENUE
ORLANDO FL 32812-1009**3. Date Incorporated or Qualified
08/05/19933a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21 13831 GLASSER AVE**26 13831 GLASSER AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 ORLANDO FL**28 ORLANDO FL**

Zip

Country

Zip

Country

24 32826**25 USA****29 32826****30 USA**

4. FEI Number

59-3231583

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRELL, BOB
5300 S. ORANGE AVE.
ORLANDO FL 32809**

81 Name

ANDREW J VERSTRATE

82 Street Address (P.O. Box Number is Not Acceptable)

13831 GLASSER AVE

83

84 City

ORLANDO**FL**

85 Zip Code

32826

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

ANDREW J VERSTRATE

(NOTE: Registered Agent signature required when reinstating)

2/10/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROUSCH, HAROLD	
STREET ADDRESS	2442 RADNER AVE.	
CITY-ST-ZIP	ORLANDO FL 32812	

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROUSCH, HAROLD	
1.3 STREET ADDRESS	2442 RADNER AVE	
1.4 CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCGILL, JAMES	
STREET ADDRESS	2012 DONEGAN PL.	
CITY-ST-ZIP	ORLANDO FL 32812	

2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AND VERSTRATE, ANDREW	
2.3 STREET ADDRESS	13831 GLASSER AVE	
2.4 CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRELL, BOB	
STREET ADDRESS	5300 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32809	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILSON, ANDREW	
3.3 STREET ADDRESS	2036 DONEGAN PLACE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32826	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARNER, JANET	
4.3 STREET ADDRESS	13631 GLASSER AVE	
4.4 CITY-ST-ZIP	ORLANDO FL 32826	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOTELHO, MICHAEL	
5.3 STREET ADDRESS	2131 DONEGAN PLACE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32826	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J VERSTRATE**2/10/97****(407) 249-9985**

Date

Daytime Phone # 0017229

CR2E037 (9/96)